

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Malamainua Care Home LLC	CHAPTER 100.1
Address: 47-508 Haanopu Way, Kaneohe, Hawaii 96744	Inspection Date: October 9, 2020 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. <u>FINDINGS</u> Primary care giver (PCG) & substitute care giver (SCG) #1 - No documentation of an examination by a physician. Submit a copy for each with the plan of correction (POC).	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCE is on leave, unable to submit the copy of PE. Upon his return substitute PCE (SPEC) will submit a copy of PCE PE.</p> <p>- SCG #1 is no longer employee of the care home.</p>	<p style="text-align: center;">7.28.21</p>

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Primary care giver (PCG) & substitute care giver (SCG) #1 - No documentation of an examination by a physician. Submit a copy for each with the plan of correction (POC).	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-SCG will check all the SCG PE, TB clearance, FA/CPR ^{monthly} for any upcoming expiration, and advise SCG to make an appointment 3 months prior expiration to make sure all the documents are current. SCG obtain a copy of all PE, TB clearance & FA/CPR.</p>	<p style="text-align: center;">7.28.21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> PCG & SCG #1 - No documentation of current tuberculosis (TB) clearances. Submit copies for each with the POC.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG is on leave, unable to submit a copy of TB clearance. Upon return SCG will submit a copy of PCG's TB clearance.</p> <p>- SCG is no longer employee of the care home.</p>	<p style="text-align: right;">7.28.21</p>

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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> PCG & SCG #1 - No documentation of current tuberculosis (TB) clearances. Submit copies for each with the POC.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-SPCG will check all the SCG TB clearance for any upcoming expiration monthly and advise SCG to make an appointment 3 months prior expiration to make sure all the documents are current. SPCG will obtain a copy of all TB clearance.</p>	<p style="text-align: right;">7.28.21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> PCG & SCG #1 - No documentation of first aid certification. Submit a copy for each with the POC.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG is on leave, unable to submit a copy of first aid certificate. Upon his return SCG will submit a copy of PCG's First Aid certification.</p> <p>- SCG # is no longer employee of the care home.</p>	<p>7.28.21</p>

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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> PCG & SCG #1 - No documentation of first aid certification. Submit a copy for each with the POC.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SPCG will check all the SCG First Aid Certification, ^{monthly} for any upcoming expiration and advise SCG to make an appointment 3 months prior expiration to make sure all the documents are current. SPCG will obtain a copy of First Aid Certificate.</p>	<p style="text-align: right;">7.28.21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements, (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; <u>FINDINGS</u> PCG & SCG #1 - No cardiopulmonary resuscitation certification. Submit a copy for each with the POC.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG is on leave, unable to submit the copy of CPR certification. Upon his return SPCG will submit a copy of PCG's CPR certification.</p> <p>- SCG # is no longer employee of the care home.</p>	<p style="text-align: center;">7.28.21</p>

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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; <u>FINDINGS</u> PCG & SCG #1 - No cardiopulmonary resuscitation certification. Submit a copy for each with the POC.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- SPCG will check all the SCG CPR certification monthly for any upcoming expirations and advise SCG to make an appointment 3 months prior expiration to make sure all the documents are current. SPCG will obtain a copy of CPR certifications.</p>	<p>7.28.21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> No first aid kit.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCC provided new first aid kit and placed in a secured place.</p>	<p>FR 10/21/20</p>

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<input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness, (b)</u> The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. <u>FINDINGS</u> No first aid kit.	<div style="text-align: center;"> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- During monthly Smoke Detectors checks, SPCE will include First Aid kits checks to make sure everything is intact and complete on the kit.</p>	<p>7.28.21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. <u>FINDINGS</u> No refrigerator thermometer.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG placed new digital thermometer inside the refrigerator.</i></p>	<p style="text-align: center;"><i>TV</i></p> <p style="text-align: center;"><i>3/26/21</i></p>
	<p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">21 MAR 30 P 12 23</p>	

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<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. <u>FINDINGS</u> No refrigerator thermometer.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> - SPCG will train and remind all the SLC to check for the refrigerator thermometer each time that they open the refrigerator. - SPCG will check ^{for} the refrigerator thermometer and check the thermostat daily. 	7.28.21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. <u>FINDINGS</u> No metal stem thermometer.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG provided new metal food stem thermometer and placed at the kitchen drawer.</p>	<p>#92</p> <p>12/31/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation. (c)</u> A metal stem thermometer shall be available for checking cold and hot food temperatures. <u>FINDINGS</u> No metal stem thermometer.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Metal stem thermometer will be placed in kitchen drawer together with other utensils and will do visual check by SCG daily and will notify at substitute PCG immediately if found missing.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>6/30/21</p> <p>21 JUL -2 A9:31</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Four (4) gallons of lemon scented bleach were unsecured in a kitchen cabinet.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PC placed the 4 gallons of bleach on a secured place under the kitchen sink with lock.</p>	<p style="text-align: center;">TPJ 12/29/20</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS "Cherifer Forte syrup" was unsecured in the refrigerator.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">- Unsecured medication found in the refrigerator was discarded.</p>	<p style="text-align: center;">FRJ</p> <p style="text-align: center;">12/27/20</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; <u>FINDINGS</u> Trash bin obstructed the second exit to the area of refuge.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG removed trash bin that is obstructing the second exit to the refuge area.</p>	<p style="text-align: center;">FR✓</p> <p style="text-align: center;">12/31/20</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment. (h)</u> The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. FINDINGS Bedroom #3 & #4 ceiling fan wobbly when turned on.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- The ceiling fans was disabled so the wall switch cannot turn it on.</p>	<p style="text-align: center;">7.28.21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> Bedroom #5 pliable plastic pillow protector was stained with reddish streaks.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- All residents' pillows have a pliable pillow protector.</p>	<p style="text-align: right;">7.28.21</p>

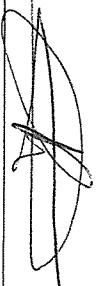
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; <u>FINDINGS</u> Bedroom #4 closet used to store PCG's clothes.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG removed all the clothes that are stored in bedroom # 4 closet.</p>	<p style="text-align: center;">FR/</p> <p style="text-align: center;">12/27/20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #4 - One (1) of two (2) pillows did not have a pliable plastic pillow protector.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- All residents pillows has a pliable pillow protectors.</p>	

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<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; <u>FINDINGS</u> Bedroom #4 - One (1) of two (2) pillows did not have a pliable plastic pillow protector.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-ARCH will purchase an individual pillows for residents. Their names will be noted on the pillow upon admission and discard on the time of their discharge. The pillow will be added to the residents inventory.</p>	7.28.21

Licensee's/Administrator's Signature: FR/ 


Print Name: FRANKLIN VALENTE

Date: 12/31/2020

Licensee's/Administrator's Signature: 


Print Name: FRANKLIN VALENTE

Date: 3/26/21

Licensee's/Administrator's Signature: 

Print Name: GENESSIS ANTONIO (Substitute PCE)

Date: 6/30/21

Licensee's/Administrator's Signature: 

Print Name: GENESSIS ANTONIO (Substitute Primary Care giver)

Date: 7.28.21